

one or more other classes of employees included in the Special Exposure Cohort.

This designation became effective on June 10, 2012, as provided for under 42 U.S.C. 7384(14)(C). Hence, beginning on June 10, 2012, members of this class of employees, defined as reported in this notice, became members of the SEC.

**FOR FURTHER INFORMATION CONTACT:**

Stuart L. Hinnefeld, Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 877-222-7570. Information requests can also be submitted by email to [DCAS@CDC.GOV](mailto:DCAS@CDC.GOV).

**John Howard,**

Director, National Institute for Occupational Safety and Health.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**[Document Identifier: CMS-437A and 437B and CMS-10406]**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of a currently approved collection. *Title of Information Collection:* State Agency Sheets for Verifying Exclusions from the

Inpatient Prospective Payment System and Supporting Regulations in 42 CFR 412.20-412.29. *Use:* For first time verification requests for exclusion from the Inpatient Prospective Payment System (IPPS), a hospital/unit must notify the Regional Office (RO) servicing the State in which it is located that it believes it meets the criteria for exclusion from the IPPS. Currently, all new inpatient rehabilitation facilities (IRFs) must provide written certification that the inpatient population it intends to serve will meet the requirements of the IPPS exclusion criteria for IRFs. They must also complete the Form CMS-437A if they are a rehabilitation unit or complete Form CMS-437B if they are a rehabilitation hospital. This information is submitted to the State Agency (SA) no later than 5 months before the date the hospital/unit would become subject to IRF-PPS.

CMS proposes to continue to use the Criteria Worksheets (Forms CMS-437A and CMS-437B) for verifying first-time exclusions from the IPPS, for complaint surveys, for its annual 5 percent validation sample, and for facility self-attestation. These forms are related to the survey and certification and Medicare approval of the IPPS-excluded rehabilitation units and rehabilitation hospitals.

For rehabilitation hospitals and rehabilitation units already excluded from the IPPS, annual onsite re-verification surveys by the SA are not required. These hospitals and units will be provided with a copy of the appropriate CMS-437 Worksheet at least 5-months prior to the beginning of its cost reporting period, so that the hospital/unit official may complete and sign an attestation statement and complete and return the appropriate CMS-437A or CMS-437B at least 5 months prior to the beginning of its cost reporting period. Fiscal Intermediaries will continue to verify, on an annual basis, compliance with the 60 percent rule (42 CFR 412.29(b)(2)) for rehabilitation hospitals and rehabilitation units through a sample of medical records and the SA will verify the medical director requirement.

The SA will maintain the documents unless instructed otherwise by the RO. The SA will notify the RO at least 60 days prior to the end of the rehabilitation hospital's/unit's cost reporting period of the IRF's compliance or non-compliance with the payment requirements. The information collected on these forms, along with other information submitted by the IRF is necessary for determining exclusion from the IPPS. Hospitals and units that have already been excluded need not

reapply for exclusion. These facilities will automatically be reevaluated yearly to determine whether they continue to meet the exclusion criteria.

Both forms have been revised since the publication of the 60-day **Federal Register** notice on April 4, 2012 (77 FR 20404). Burden estimates have not changed.

*Form Number:* CMS-437A and CMS-437B (OCN 0938-0986). *Frequency:* Yearly. *Affected Public:* Private Sector (Business or other for-profits). *Number of Respondents:* 1,164. *Total Annual Responses:* 1,164. *Total Annual Hours:* 291. (For policy questions regarding this collection contact Georgia Johnson at 410-786-6859. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* New collection. *Title of Information Collection:* Probable Fraud Measurement Pilot; *Use:* The Centers for Medicare & Medicaid Services (CMS) is seeking Office of Management and Budget (OMB) approval of the collections required for a probable fraud measurement pilot. The probable fraud measurement pilot would establish a baseline estimate of probable fraud in payments for home health care services in the fee-for-service Medicare program. CMS and its agents will collect information from home health agencies, the referring physicians and Medicare beneficiaries selected in a national random sample of home health claims. The pilot will rely on the information collected along with a summary of the service history of the HHA, the referring provider, and the beneficiary to estimate the percentage of total payments that are associated with probable fraud and the percentage of all claims that are associated with probable fraud for Medicare fee-for-service home health. CMS is requesting an exemption from the Paperwork Reduction Act under 5 CFR 1320.14A. However, CMS is providing information related to the purpose and need for this data collection in Supporting Statement Part A.

*Form Number:* CMS-10406 (OCN: 0938-New). *Frequency:* Yearly; *Affected Public:* Individual and Private Sector—Business or other for-profits; *Number of Respondents:* 6,000; *Total Annual Responses:* 6,000; *Total Annual Hours:* 10,500. (For policy questions regarding this collection contact Kelly Gent at 410-786-0918. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or email

your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on July 30, 2012.

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, Email:

[OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov).

Dated: June 26, 2012.

**Martique Jones,**

Director, Regulations Development Group, Division B, Office of Strategic Operations and Regulatory Affairs.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[CMS-8052-N]

**Medicare Program; Meeting of the Medicare Economic Index Technical Advisory Panel**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces that a public meeting of the Medicare Economic Index Technical Advisory Panel (“the Panel”). The purpose of the Panel is to review all aspects of the Medicare Economic Index (MEI). During this third and final meeting the Panel will discuss their findings and recommendations regarding the MEI’s inputs, input weights, price-measurement proxies, and productivity adjustment. This meeting is open to the public in accordance with the Federal Advisory Committee Act.

**DATES:** *Meeting date:* The public meeting will be held on Wednesday, July 11, 2012 from 8:30 a.m. until 5 p.m., Eastern Daylight Time (EDT).

*Deadline for submission of written comments:* Written comments must be received at the mailing or email address specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice by 5 p.m. EDT, Thursday, July 5, 2012.

*Deadlines for speaker registration and presentation materials:* The deadline to

register to be a speaker and to submit PowerPoint presentation materials and any other written materials that will be used in support of an oral presentation is 5 p.m. EDT, Thursday, July 5, 2012. Speakers may register by contacting Toya Via, HCD International, by phone at (301) 552-8803 or via email at [MEITAP@hcdi.com](mailto:MEITAP@hcdi.com). Materials that will be used in support of an oral presentation must be received at the mailing or email address specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice, by 5 p.m. EDT, Thursday, July 5, 2012.

*Registration deadline for all other attendees:* Individuals may register online at <http://www.hcdi.com/mei/or> by phone by contacting Toya Via, HCD International, at (301) 552-8803 by 5 p.m. EDT, Thursday, July 5, 2012.

*Deadline for submission of a request for special accommodations:* Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special assistance or accommodations, are asked to contact the Designated Federal Officer as specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice by 5 p.m. EDT, Thursday, July 5, 2012.

**ADDRESSES:** *Meeting location:* We will be broadcasting the meeting live via webinar and conference call (for audio purposes). Webinar details will be sent to registered attendees. At the close of the second meeting on June 25, 2012 (77 FR 34050), the Designated Federal Officer will decide if the third and final meeting, in addition to the webinar, will also be held in the Auditorium of the Centers for Medicare & Medicaid Services (CMS), 7500 Security Boulevard, Baltimore, MD 21244. The decision will be available online at <http://www.hcdi.com/mei/after> 5 p.m. EDT, Monday, June 25, 2012.

**FOR FURTHER INFORMATION CONTACT:** John Poisal, Designated Federal Officer, Centers for Medicare & Medicaid Services, Office of the Actuary, Mail stop N3-02-02, 7500 Security Boulevard, Baltimore, MD 21244 or contact Mr. Poisal by phone at (410) 786-6397 or via email at [John.Poisal@cms.hhs.gov](mailto:John.Poisal@cms.hhs.gov). Press inquiries are handled through the CMS Press Office at (202) 690-6145.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

The Medicare Economic Index Technical Advisory Panel (“the Panel”) was established by the Secretary to conduct a technical review of the Medicare Economic Index (MEI). The review will include the inputs, input

weights, price-measurement proxies, and productivity adjustment. For more information on the Panel, see the October 7, 2011 **Federal Register** (76 FR 62415). You may view and obtain a copy of the Secretary’s charter for the Panel at <https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/MEITAP.html>. The members of the Panel are: Dr. Ernst Berndt, Dr. Robert Berenson, Dr. Zachary Dyckman, Dr. Kurt Gillis, and Ms. Kathryn Kobe.

This notice announces the Wednesday, July 11, 2012 public meeting of the Panel. This meeting will focus on the Panel’s findings and recommendations regarding the MEI’s inputs, input weights, price-measurement proxies, and the productivity adjustment.

**II. Meeting Format**

This meeting is open to the public. There will be up to 45 minutes allotted at this meeting for the Panel to hear oral presentations from the public. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, we will conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by 5 p.m. EDT, Friday, July 6, 2012. Any presentations that are not selected based on the lottery will be forwarded to the panel for consideration. For this meeting, public comments should focus on the MEI’s inputs, input weights, price-measurement proxies, and productivity adjustment. We require that you declare at the meeting whether you have any financial involvement with manufacturers (or their competitors) of any items or services being discussed.

The Panel will deliberate openly on the topics under consideration. Interested persons may observe the deliberations, but the Panel will not hear further comments during this time except at the request of the chairperson. The Panel will also allow up to 15 minutes for an unscheduled open public session for any attendee to address issues specific to the topics under consideration.

**III. Registration Instructions**

HCD International is coordinating meeting registration. While there is no registration fee, individuals must register to attend. You may register online at <http://www.hcdi.com/mei/> or by phone by contacting Toya Via, HCD International, at (301) 552-8803, by the